U.S. Department of Justice
United States Marshals Service

Document of U.S. Department of Justice
United States Marshals Service

Document of U.S. See Instructions for "Service of Process by the U.S. Non the reverse of this form." See Instructions for "Service of Process by the U.S. Marshal"

PLAINTIFF	NourE	tdive	EC	ASAL		THEY S	272WJ	MM
DEFENDANT	Tolon		vets			OF PROCESS	N. 00	
OFFICE /	NAME OF INDIVIDUA				DESCRIPTION	OF PROPERTY TO	SEIZE OR CONDE	MN
SERVE	プライル		icts		CLERK	US DESPRICE	UGUR':	
AT {	ADDRESS (Street or I	RFD, Apartment N	No., City, State	and ZIP Code)	rional	City, CA	( 9195 -DEPUTY	O
	F SERVICE COPY TO F				   Number of pro	ocess to be		
F-	1 \n 35 E	ورزد لملة	EIY	N < N '	served with th	nis Form - 285		
MOUVE ELASALI						Number of parties to be		
PO BOX 84764					served in this	case		
L'50 CA 92138					Check for service on U.S.A.			
SPECIAL INSTRU	JCTIONS OR OTHER II	NFORMATION TH	HAT WILL ASS	IST IN EXPEDITING	SERVICE (Incl.	ude Business and A	lternate Addresses,	All
Fold Number	rs, and Estimated Times	Avaliable Fol Selv	ice).			SS ZE		Fold
						11.00%	A)	
						S語 量	ள 会 ਜ	
							<b>11</b>	
						ESSE TI	<u> </u>	
Signature of Attorr	ney or other Originator requ	uesting service on b	oehalf of:	PLAINTIFF	TELEPHONE	NUMBER	DATE	Λ <u>C</u>
	( 2 ×		<u> </u>	☐ DEFENDAN	-	114 짝 1호집	06-18.	<u>0</u> 5
SPACE BE	LOW FOR US	E OF U.S. 1	MARSHAI	L ONLY — DO	NOT WI	RITE BELO	W THIS LIF	VE_
I acknowledge reconumber of process (Sign only first Uthan one USM 28:	indicated.  JSM 285 if more	Process District of Origin	District to Serve No.	Signature of Author	orized USMS Den	uty or Clerk	Date	$\sqrt{V_c}$
I hereby certify an on the individual,	d return that let have personners, corporation, etc	sonally served, $\Box$ h	ave legal eviden own above or on	ce of service,  have the individual, compare	executed as showr ny, corporation, et	n in "Remarks", the sec., shown at the add	process described ress inserted below.	
☐ I hereby certi	fy and return that I am u	inable to locate th	e individual, co	ompany, corporation, e	etc., named above	e (See remarks belo	ow)	
Name and title or	f individual served (if no						suitable age and dis	
RAW R	oblas Ga	ENEXAL	Mara	YKK	·-··	usual place o	f abode.	
Address (complete only if different than shown above)							Time	am
6-19-							5.43	(pm)
						Signature of U.S.	Marshal or Deputy	,
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to	o U.S. Marshal or	Amount of Refu	nd
	<u></u>							

REMARKS: